



City of Riverside, California  
Personnel Policy and Procedure Manual

Approved:

\_\_\_\_\_  
Human Resources Director

\_\_\_\_\_  
City Manager

Number: III-10 Effective Date: 01/01

**SUBJECT: DISCIPLINARY ACTION FOR PREVENTABLE VEHICLE INCIDENTS**

**PURPOSE:**

To review all incidents involving City vehicles, with the exception of incidents involving on-duty sworn Police personnel; to make the determination if they were preventable and advise the department head and the employee of the determination so that disciplinary action consistent with this policy may be taken.

**DEFINITION:**

A preventable incident is any incident involving a City vehicle which results in property damage and/or personal injury, regardless of who is injured, what property was damaged, or where it occurred, in which the City driver failed to exercise reasonable precaution to prevent the incident.

**POLICY:**

This policy will apply to all vehicle incidents investigated by the Vehicle Incident Review Board (VIRB), made up of representatives of the Administrative Services, Finance, Fire, Library, Park and Recreation, Police, Public Utilities, and Public Works Departments, and/or the Police Accident Review Board (PARB), consisting of the Traffic Division Commander, a Lieutenant from the Patrol Division, a Sergeant from the Traffic Division, a Sergeant from the Detective Division, and the City Safety Officer. SEIU and IBEW will be represented by an employee(s) designated by the association.

1. The Police Accident Review Board will review incidents involving sworn law enforcement personnel.
2. The VIRB/PARB will review all other incidents to determine if it was preventable by the City employee.
3. The department head and the employee will be notified of the time and place for review by the Board.
4. The Board will notify the department head and the employee of its determination. If the incident is determined to be preventable, the employee will have the opportunity to appeal, in person, the decision before the next scheduled VIRB meeting. Should the decision of preventable stand, the department head and employee will be informed of that decision.



5. The department head shall take the appropriate disciplinary action within 30 days of notification of preventable incident. In assessing disciplinary action, time between incidents, mileage driven, and other mitigating circumstances shall be taken into consideration. The reports of vehicle incidents and any records of disciplinary actions shall be placed in the employee's personnel file.
6. After the first preventable incident, the employee shall be assigned to attend a driver review course. Assignment date and location will be made by Human Resources Training Division.

Failure by any employee to report a vehicle incident while operating a City vehicle to his or her supervisor, or have the incident investigated by the Police Department or local enforcing agency, shall result in disciplinary action by the employee's department head.

#### **TIME LIMITS BETWEEN PREVENTABLE INCIDENTS:**

First Preventable Incident -	Employee's record shall be cleared after 12 months if there are no further preventable incidents.
Second Preventable Incident -	Employee's record shall be cleared after 24 months from the date of the first incident if there are no further preventable incidents.
Third Preventable Incident -	Employee's record shall be cleared after 36 months from the date of the first incident if there are no further preventable incidents.

#### **PROCEDURE:**

<b><u>Responsibility</u></b>	<b><u>Action</u></b>
Employee	<ol style="list-style-type: none"> <li>1. Reports all incidents immediately to his/her supervisor in which he/she is involved while operating a City vehicle. Requests Police Department to investigate incident.</li> <li>2. Completes Vehicle Incident Report Form 142-290.</li> </ol>
Police Department	<ol style="list-style-type: none"> <li>3. Investigates all incidents involving City vehicles (within jurisdiction) including incidents occurring on private or City property and distributes reports to City Safety Officer, Fleet Maintenance and employee's department head.</li> </ol>
Supervisor	<ol style="list-style-type: none"> <li>4. Investigates incident, if possible, and discusses incident with employee. Completes incident report and forwards to department head for signature and distribution.</li> </ol>

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|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Department Head                     | 5. Reviews incident and signs report. Distributes report to the Fleet Maintenance Division, Legal, and City Safety Officer.                                                                   |
| City Safety Officer                 | 6. Prepares meeting agenda and distributes to committee. Notifies employee(s) and departments of incident being reviewed. Notifies Risk Management of incident(s) involving outside entities. |
| VIRB / PARB                         | 7. Reviews all incidents involving City vehicles.                                                                                                                                             |
|                                     | 8. Determines if the incident was preventable as based on official reports and the circumstances surrounding the incident.                                                                    |
| City Safety Officer                 | 9. Notifies the department head and the employee of the Board's determination.                                                                                                                |
| Employee                            | 10. May appeal the decision to his/her department head if the accident was judged to be preventable and request to appear before the next scheduled VIRB/PARB.                                |
| VIRB/PARB                           | 11. Reviews appeal and reports decision to department head and the employee.                                                                                                                  |
| Department Head                     | 12. Reviews decision of VIRB/PARB and makes determination of disciplinary action to be taken with the concurrence of the Human Resources Director.                                            |
|                                     | 13. Informs employee of disciplinary action being taken. Prediscipline Skelly procedures must be followed.                                                                                    |
| Department Head                     | 14. Carries out appropriate action and notifies Human Resources and City Safety Officer within 30 days.                                                                                       |
| Human Resources/City Safety Officer | 15. Assigns employee to driver review course. Places certificate or record of course completion into employee personnel file.                                                                 |
|                                     | 16. Places report and record of final disciplinary action in employee's personnel file for the period shown under Policy above.                                                               |

Attachment:

1. Accident Report Form 142-290

**CITY OF RIVERSIDE  
HUMAN RESOURCES DEPARTMENT**

**VEHICLE INCIDENT REPORT**

**CITY EMPLOYEE:**

Name of Driver \_\_\_\_\_ Drivers License No. \_\_\_\_\_  
Department/Division \_\_\_\_\_ Phone No. \_\_\_\_\_  
Reason for Using Vehicle \_\_\_\_\_

**LOCATION:**

Date and Time of Incident \_\_\_\_\_  
Place of Incident \_\_\_\_\_

**CITY VEHICLE:**

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_  
City Asset Number \_\_\_\_\_ Type of Vehicle \_\_\_\_\_  
Were seatbelts worn by driver: Yes \_\_\_\_\_ No \_\_\_\_\_ Passenger(s): Yes \_\_\_\_\_ No \_\_\_\_\_

**PERSON(S) INJURED:** (Supply name, address, phone number)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Doctor's Name and Address \_\_\_\_\_

Treating Medical Facility \_\_\_\_\_

**DAMAGE TO PROPERTY OF OTHERS:**

Owner of Damaged Property \_\_\_\_\_  
Address of Owner \_\_\_\_\_  
Driver of Vehicle \_\_\_\_\_  
Address of Driver \_\_\_\_\_  
Vehicle Year \_\_\_\_\_ Make \_\_\_\_\_ License No. \_\_\_\_\_  
Extent of Damage \_\_\_\_\_

**WITNESSES AND/OR PASSENGERS INVOLVED:** (Supply name, address, phone number)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DESCRIPTION OF INCIDENT ON REVERSE SIDE

DAMAGE TO CITY VEHICLE:

Extent of Damage \_\_\_\_\_  
Vehicle can be inspected at \_\_\_\_\_

THE INCIDENT:

Direction of Your Car \_\_\_\_\_ Side of Street \_\_\_\_\_ Speed \_\_\_\_\_  
Direction of Other Car \_\_\_\_\_ Side of Street \_\_\_\_\_ Speed \_\_\_\_\_  
Did You Give Warning Signal? \_\_\_\_\_ What Kind? \_\_\_\_\_ Were Lights On? \_\_\_\_\_  
Did Other Driver Give Signal? \_\_\_\_\_ What Kind? \_\_\_\_\_ Were Lights On? \_\_\_\_\_  
Weather at Time of Accident \_\_\_\_\_ Condition of Road Area \_\_\_\_\_  
Was Police Report Prepared? \_\_\_\_\_ City, County or State \_\_\_\_\_  
Police Report Number: \_\_\_\_\_

DRIVER'S DESCRIPTION OF INCIDENT:

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SUPERVISOR'S COMMENTS:

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DRIVER'S SIGNATURE \_\_\_\_\_ DATE OF REPORT \_\_\_\_\_

SUPERVISOR'S SIGNATURE \_\_\_\_\_

DEPARTMENT HEAD SIGNATURE \_\_\_\_\_

SKETCH

Distribute Report to:  
Department Head (Copy)  
Fleet Maintenance Division (Copy)  
Legal Department (Copy)  
City Safety Officer **(Original)**



